

Blatchford (J. W.)

Box

# REPORT

ON

## REST AND THE ABOLITION OF PAIN

IN THE

## TREATMENT OF DISEASE,

PREPARED BY APPOINTMENT OF THE

NEW-YORK STATE MEDICAL SOCIETY,

✓  
BY THOS. W. BLATCHFORD, A. M., M. D.,

AND

READ AT THE ANNUAL MEETING, FEBRUARY, 1856.

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VAN BENTHUYSEN, PRINTER, 407 BROADWAY.

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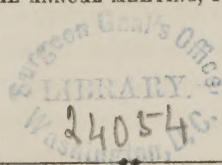
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"Of Rest and the abolition of Pain in the treatment of Disease."

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This is the title of the subject assigned to me "to report upon" at the present meeting of the society. It strikes me that there are two distinct subjects embraced in it instead of one, unless we consider "rest" and the "abolition of pain" convertible terms, which I am not prepared to do. Rest may be obtained although pain be not entirely abolished, and very often pain may be abolished and the nervous system remain so excited, that rest is not enjoyed.

I shall therefore consider them separately and as two distinct subjects of about equal importance; two distinct therapeutical agents, negative though they are. In assuming this view, I hope it will meet the views of the society.

Rest, muscular rest, after injuries, or during the acute stage of inflammation, is an injunction prompted alike by nature and by reason, and sought and complied with, as well by the brute, as by the human sufferer. It is an injunction, too, upon the faithful observance of which depends, in a very great degree, the successful issue of all fractures, and, indeed, of all accidental lesions affecting any portion of the system, and especially so in pulmonic and uterine hemorrhages. Here rest, and rest in the recumbent posture, is emphatically *the remedy*, taking precedence of all others, and without which any other remedy is deprived of more than half its power. Consequently, in most authors writing upon these subjects, we find directions for rest and quiet, more or less urgently enforced.

When I say that rest is a therapeutical agent, I do not intend to convey the idea that it belongs exclusively to any one class of agents, but that it is an adjuvant to several. Rest lessens the circulation, diminishes the heat of the skin, and arrests, or essentially modifies the progress of inflammation, and thus acts as a powerful auxiliary to refrigerants, and indeed to the antiphlogistic treatment throughout.

In inflammation of the mucous and serous membranes, it allays irritation, and diminishes the quantity of secretion, and thus assists both astringents and anodynes.

It is an important adjuvant in dietetics, inasmuch as it renders less food necessary, and thus relieves the organs of supply. In certain conditions of the alimentary canal, its aid is deemed essential to the normal action of other remedies, and by some authors, and especially the French, rest, in the recumbent posture, is the *sine qua non* in bowel complaints, and, with a small amount of unirritating food, is considered amply sufficient to afford the necessary relief.

So, in certain diseased conditions of the lungs, rest and quiet allay the cough, and diminish the secretion both of pus and mucus, and thus assist both expectorants and tonics, by making the demand for them less urgent. Examples may be easily multiplied, but it is deemed superfluous to add any more, as, upon a moment's reflection, they will readily occur to the mind of any gentleman present.

But while rest is a necessary and convenient assistant in the treatment of many complaints, it must not be forgotten that in a large class of ailments, rest must be to a certain extent avoided, and active exercise enjoined; or, where active exercise cannot be taken, passive must be substituted in its place, or both combined, as circumstances may indicate.

Many, very many of the complaints for the relief of which physicians are daily consulted, either have their origin in, or are greatly aggravated by the sedentary habits of the individual. It is known to all of us that want of proper and sufficient exercise is a fruitful and growing source of disease, and, in the treatment of diseases thus induced or aggravated, no therapeutical agent with which I am acquainted can supply the place of exercise. Exercise and exercise only is to be trusted.

Likewise in those diseases where active inflammation has run its course, and, though terminating favorably, still a low sub-acute inflammation remains and interferes with the healthy functions of the organ affected, exercise, regular, systematic, open-air exercise, greatly facilitates recovery, and especially so in



those cases familiar to us all, in which the nervous system seems to have lost its tone, and to have suffered most from the slow, insidious inroads of protracted disease. Irksome though exercise may be at first, and unwilling though the patient may be to take it in its prescribed degree, to insist upon it and to persevere in it is certainly to accomplish the cure in the shortest space of time, and at the least expense to the system; and, after a few trials, the patient always acknowledges that it is also the most pleasant remedy.

In all such cases, of course, rest, as a curative agent, must not be thought of. It must be forbidden until after exercise, and then should be indulged in only as its reward.

The second subject of inquiry is that of abolishing pain in the treatment of disease. If it were merely about the propriety of *diminishing* pain, and thus lessening the sum of human misery, humanity might feel insulted by the proposition. What other end has our science in view but that of diminishing distress? That man should never undertake the management of disease or the reparation of injuries who, in his examination of the case, would not excite as little pain as was consistent with a thorough investigation. I know that the public are sometimes inclined to judge of the qualifications of a medical man by his insensibility to the sufferings of others, and to feel that a surgeon, especially, is not qualified for his business unless he has a heart of steel, and a hand unmoved by the pain it inflicts. But, thanks to the progress of science, and thanks to enlightened surgery, the day has gone by when such stoicism can add a single laurel to the surgeon's brow. The unnecessary infliction of pain is universally condemned by all eminent practitioners.

But the report required is upon "the *abolition* of pain in the treatment of disease," not its *diminution*.

And what is pain? This is a question apropos to the subject. Lexicographers give us one definition, metaphysicians another, and physiologists a third; but they all agree in making pain a reality—an invisible, intangible entity, the antagonist of pleasure, the open enemy of comfort, the disturber of repose, the crying herald of distress. In short, they all make it a very un-

pleasant sort of something, whose presence is never desired, and whose removal is most devoutly to be wished. Pain is a symptom of disease, but not disease itself. When it is experienced as the result of external injuries, or as the accompaniment of inflammation, it becomes alarming just in proportion to its severity and its duration. When it is the result of functional derangement of some of the nervous centres, though at times its severity may seem almost past endurance, it usually quits the system without having done it any perceptible injury, and though repeated a thousand times, the entire economy remains to all appearance unaltered in any of its functions, and very soon after the paroxysm subsides, it all seems as calm and quiet and peaceful as old ocean itself after the dying away of the maddening tempest. How this can be—how the individual can undergo so severe a degree of pain, and afterwards experience so little inconvenience, is one of those mysteries I shall not attempt to explain. But who has not seen the sufferer of years, it may be at times almost bed-ridden and helpless, and yet emaciation scarcely begun, the glow of health still resting upon the countenance, and the poor victim so slightly changed in appearance as really to be troubled because she receives so little sympathy for the sufferings she has endured.

To abolish pain under these circumstances would be about tantamount to curing the disease. It would be wholly so, could we at the same time prevent the return of the paroxysm. But still, there can be no room here to hesitate as to the course to be pursued. For notwithstanding we may often have found ourselves disappointed, and our most persevering efforts foiled, we must try again. Temporary relief here, though the interval be short, is preferable to no relief at all, and here some new anæsthetics, internally and externally administered, step in with a fair promise of success. Congestion, sometimes the consequence of pain and sometimes the precursor of inflammation, may be arrested in its formative stage, and thus a train of evils prevented which in a short time might have issued in fatal results.

In like manner certain diseases commencing in spasm, and frequently terminating in inflammation, may be arrested in their



course by abolishing the pain attendant upon spasm, and, if attended to in time, the spasm relaxes, and the inflammation is prevented. Doubtless every practitioner here can recur to instances in which he believed cases of croup, pleurisy, colic, enteritis, &c., were either cut short or entirely prevented by the early and judicious employment of anodynes, narcotics, or anesthetics.

The question, however, still returns unanswered, or answered only in part—shall we, or shall we not, invariably abolish, or attempt to abolish pain in the treatment of disease, and when pain is anticipated, shall we place the system in such a condition as to render it insensible to suffering for a period of time more or less prolonged?

This question leads us into the wide field of anesthesia—a field, to be sure, but lately cultivated to any considerable extent, but one into which many laborers have already entered, and laborers far better adapted to the task than your committee. Simpson, Syme, Arnott, Warren, Mott, Gillman, Burwell, etc., have put forth their best energies, and given us the result of their investigations.

The pages of medical journals, as well American as trans-Atlantic, for the last ten years have been sufficiently well filled with the results of these investigations. To these I would refer, and shall dismiss this branch of the subject with but very few remarks.

We have already seen that rest, though a judicious and necessary remedy for many of the ills of life, yet for another and a very large class, it is to be proscribed, and its opposite enjoined. So we conceive it to be as it regards the therapeutical agency of pain abolished, and the judgment of the physician is perhaps never more severely tested, than when called to decide the *when* and the *how*.

Pain is not an agent always to be abjured. The wise Creator, has given it a place in therapeutics, where it cannot always be abolished with impunity. At times, and very often too, it acts as a faithful sentinel to sound the note of alarm at the first approach of danger. It seems to act as the officer of an important

command, summoning the dormant forces to arouse themselves, and repair the breach. Immediately, at the point assailed, a counter process is commenced, which, if uninterrupted ends in perfect reparation and when the pain has fully set the process in operation, it gradually retires from the field and leaves the work to be completed by the proper agents.

Illustrations are of constant occurrence. Were it not for the pain produced by the mote in the eye, would the lachrymal glands, think you, pour out a flood of tears to wash away the intruder, and cool off the inflamed organ? So with fractures; the first secretion of lymph, and the deposit of earthy matter forming the callous, to reunite the broken bones, is in obedience to the call made by pain, almost instantaneously succeeding the injury. The pain, too, of an incised wound immediately calls out the necessary secretion; and if the process be not ruthlessly interfered with, a union by the first intention is the happy result, if the edges are kept in co-aptation.

Illustrations need not be confined to external injuries. The same wise provision extends with equal care and precision to internal lesions. The secretion of lymph from inflamed membranes—a normal process to repair diseased structures—is the result of pain, and without pain, it is doubtful whether the injury would ever be repaired.

A foreign substance—a bullet for example—enters the body; the surgeon attempts its extraction, and after several ineffectual efforts, although tolerably certain it is there, he is compelled to relinquish the task, and leaves the case to nature (sometimes the better doctor of the two); after a certain period the patient recovers, and experiences little or no inconvenience; he lives on for years; then comes his turn, and he dies; the accident is remembered, an autopsy is obtained, and upon cutting down upon the part injured, the bullet is discovered, enveloped in a dense covering of coagulable lymph. The parts adjacent are found in a healthy condition, having been perfectly protected from injury. Now, does any one suppose that this beautiful—this almost intelligent process—would have been commenced, and carried on to a successful termination, without the incipient agency of pain?

Most certainly not; and similar occurrences are not so infrequent as some may suppose.

Counter irritation is the process of exciting pain upon the surface of the body, to ward off and decoy away, as it were, disease, when danger threatens an organ essential to life.

Of course, then, in the primary stages of that class of cases where pain is an essential incipient agent to accomplish a beneficial result, it would be bad practice to abolish it even if we could, and yet to modify and diminish it would be acting in accordance with nature's own process, for the necessity of pain is not supposed to exist after the healing process is fairly established.

Respecting the employment of anesthetics I can speak only from a very limited experience, limited when compared with that of gentlemen connected with our larger hospitals, but what little experience I have is in their favor. As to the mode of administration, I prefer the open sponge or the handkerchief to the bottle. I usually close the nostrils, and cause the vapor to be inhaled through the open mouth, letting the lungs receive it very gradually at first. In this way, I think, we cut short the stage of excitement, and its quieting effect is much sooner produced. After using both chloroform and ether, and ether and chloroform combined, I decidedly give the preference to pure, unmixed chloroform. In my obstetrical practice I have administered chloroform but eight times, always at the solicitation of the patient, and always with a favorable result. In surgical cases, assisting others, I have administered it constantly, ever since its introduction, and although the operations in which I have been requested to give it have exceeded a hundred, I have yet to witness the first instance of injury resulting from its use. In one case where the operation of lithotomy was performed on a child under four years of age, death occurred twenty hours after the operation; from what cause we could never satisfy ourselves. The little patient was as comfortable after the operation as could be desired, and remained so until within a few minutes of his death. Examination after death discovered nothing which could throw light upon it. There was no extravasated blood, and no other parts were wounded than those intended to be.



In the employment of local anesthetics, I have long been in the habit of combining chloroform with either soap-liniment, alcohol, or sweet oil. With the liniment or oil the effects seem to be more permanent than with the alcohol. With the alcohol it is preferred as an application to parts exposed. The proportions I have employed is about one of chloroform to five or six of the others. Combined with creosote in the following formula, I have found it very efficacious in relieving the toothache.

R $\bar{f}$ . Creosote, gtt x.

Chloroform, 1 drachm.

Alcohol, half an ounce.

Mix and apply to the tooth a cotton plug, saturated with the mixture, or apply to the tooth a drop suspended from the end of a small stick or knitting needle.

In cases where insensibility remains after hysterical convulsions, I have found chloroform applied clear to the pit of the stomach act almost instantaneously in arousing the patient. I drop a few drops on the part, and apply the warm hand immediately over it, which increases the severity of the counter irritation.

In severe nervous headache I have found the inhalation of a few drops (twenty or twenty-five at a time) of chloroform on a pocket handkerchief affords very satisfactory relief, sometimes almost instantaneous, and that without carrying it to the point of insensibility, and I have never seen any evil result from its use in these cases. In asthma, too, I have found it at times a grateful auxiliary, relieving, to a very great extent, the distressing dyspnœa attendant upon that complaint, and especially upon the spasmodic form of it. As to the anesthetic power of cold, lately advocated, I am not capable of judging. I have never seen it tried. Arnott has.

*Arnica montana*, or German leopards-bane, in the form of a tincture, more or less diluted, has again come into fashion, especially among our "dilletanti," as a local anesthetic. If made by digesting two ounces of the flowers in a pint of alcohol, a preparation may be obtained of some value. But even then it is surpassed in efficacy by several of the stimulating narcotics, such

as aconite, veratrum viride, rhus vernix, or even by camphor itself, our good old stand-by. But diluted to the degree usually met with in families, it is not, as an assuager of pain, equal to New England rum, even when well diluted.

Two centuries ago, according to Lewis,\* arnica, in the form of both tincture and decoction, was a very favorite domestic remedy in Germany for bruises, sprains, &c., and obtained the name of *lapsorum panacea*.†

Internally, I have long been in the habit of prescribing chloroform as a stimulant, combined with brandy and water sweetened, the strength to be determined by circumstances, usually about one teaspoonful to a tumblerful of the mixture, and administered by the spoon. It is generally agreeable to the taste, and sits upon the stomach when other stimulants are rejected. In cases of extreme debility and exhaustion it often affords temporary relief, and not unfrequently the relief is permanent.

I think it important in determining upon the administration of chloroform in any given case, where perfect anesthesia is required, to make a distinction between those cases where it is to be given *while the system is suffering from pain and those where pain does not exist, but is only anticipated*. The one being comparatively harmless and safe, while the other may be attended with unpleasant consequences. I believe a large proportion, if not a majority of the unfortunate cases, have occurred in the practice of dentistry, where it is known chloroform is given while the system is free from pain; and likewise in those cases requiring surgical operations (the removal of tumors, &c.) where pain did not exist at the time insensibility was produced. If my memory serves me, all the fatal cases have been of this class, at least I cannot now refer to a single recorded case where it was otherwise.

\* Lewis' *Materia Medica*, vol. 1, p. 405.

† The re-introduction of arnica is one of the "small favors" extorted from homœopathy by its crying adherents, and it appears like similar favors to be "thankfully received." No objection! certainly not! But properly to estimate the magnitude of the boon, it should be known that it was obtained in direct opposition to one of Hahnemann's aphorisms, which reads thus: "*It is not proper, either in acute local affections of recent origin, or in those which have already existed a long time, to make any topical application whatever to the diseased part, not even a substance which would be homœopathic or specific if taken internally.*" Verily, consistency is a jewel, arnica, cataplasms, and our homœopathic friends to the contrary, notwithstanding.

In deed, might not a result of this character have been anticipated? Is it not in accordance with our daily experience, that in the exhibition of anodynes, narcotics and stimulants, the system, while suffering from acute distress, is found capable of bearing with impunity a very large amount of these remedies, and that in order to produce their legitimate effect upon the system, a quantity truly frightful is sometimes required; an amount which, administered under other circumstances, would doubtless at times produce unfavorable if not fatal results? Perhaps this distinction may furnish an explanation why so few fatal cases occur in obstetrical practice, where pain usually exists at the time it is administered, for it is well known that in certain localities, both in this country and in Europe, it is in very general use, some gentlemen of large experience telling us that they can scarcely get a woman to consent to an accouchement without the aid of chloroform.

May not this likewise be the explanation of the astonishing fact lately made public, that notwithstanding the extensive employment of chloroform in the surgery of the Crimea, not a death has occurred as the result of its use. At a recent meeting of the Academy of Science of Paris, M. Flourens, speaking of the power of chloroform, remarked, "its use in the field-hospitals of the army, doubled the strength and power of the surgeons, as they are more masters of their action when operating on an inert mass, and are no longer disturbed by the cries and movement of the patient. "In the Crimea, chloroform was employed," he stated, "more than 25,000 times, and always with success. This immense result," said M. Flourens, "is the best reply to those who had felt apprehensive at the use of this powerful auxiliary to surgical operations."

In order to make this report more acceptable to the Society, I have corresponded with some medical friends upon the subject. Their large experience and their ripe attainments cannot but give importance to their opinions. I am permitted to subjoin some extracts from their communications.

But first let me make an extract from a paper on chloroform in surgical operations, by that living veteran, our own Dr. Mott,



contained in the seventh volume of the New-York Journal of Medicine.

"No event," says the Dr., "has occurred in the whole range of the history of surgery, since the discovery of the ligature by Ambrose Parè, at all comparable to the anesthetic influence of the ethers in surgical operations. We view the discovery," says the Dr. again, "as the greatest present from chemistry to surgery that ever was made, and a boon to suffering humanity, of the most inappreciable value. No imagination can conceive, and no tongue can tell, the accumulated woes it is destined to soothe and assuage. It far outstrips in its surgical value to the human race, any discovery of which the present century can boast. Away with the stupid fanaticism that would inculcate the patient endurance of suffering when it can be relieved. Can any rational and intelligent being for a moment entertain a doubt as to the propriety of using a safe and certain agent to abolish for a time all consciousness of pain under surgical operations?"

You must also permit me to make a few extracts from a lecture of Dr. Syme, Professor of Clinical Surgery in the University of Edinburgh, delivered in the winter of 1854-55, and found in the London Lancet for March last:

"With respect to the patients," says the Doctor, "it appears that great care is taken in London to use chloroform only in persons free from chest affections, especially cardiac derangements. Here we never ask any questions as to the state of the heart or constitution of the patients. In all cases where chloroform is required for an operation it is freely given." Again: "In London it is given according to rule; here according to principle. There great attention is paid to the number of drachms or minims employed; here we are entirely regardless of the amount used, and are guided only by the symptoms of the patient. The points that we consider of the greatest importance in the administration of chloroform are—first, a free admixture of air with the vapor of the chloroform." "Secondly, the more rapidly it can be given the better, till the effect is produced, and hence we never stint the quantity of chloroform. Then—and this is a most important point—we are guided as to the effect, not by the circula-

tion, but entirely by the respiration. You never see anybody here with his finger on the pulse while chloroform is given. So soon as the breathing becomes stertoreous we cease the administration." "Attention to the tongue is another point which we find of great consequence. When respiration becomes difficult or ceases, we open the mouth, seize the tip of the tongue with artery-forceps and pull it well forward, and there can be little doubt that death would have occurred in some instances if it had not been for this expedient. We also always give the chloroform in the horizontal position, and take care that there is no article of clothing constricting the neck." Again: "We use no apparatus whatever, take the respiration for our guide, attend to the condition of the tongue, and never continue beyond the point when the patient is fully under the influence of the anesthetic."

Charles A. Pope, M. D., of St. Louis, Professor of Surgery, &c., in Medical department of St. Louis University, and late President of the American Medical Association, writes to me as follows: "Rest and the abolition of pain in the treatment of disease is a wide and fertile field." \* \* \* \*

"Without any intimation as to the particular direction or scope which you propose to give the subject, I can only, as you request, offer you an 'opinion,' which from its poverty and succinctness, will perhaps avail you little in the preparation of your report.

"Rest is a paramount indication and essential agent in the treatment of all acute and most chronic diseases, whether medical or surgical. It so evidently underlies all other curative means that its importance cannot well be overrated. It behooves the surgeon as well as the physician, to follow the indications of nature, and in nothing are these indications more clear than in regard to motion and pain. Both these are abhorrent to nature, under the circumstances in which we should seek their removal. Indeed, nature generally deprives the patient of the disposition to move when he should not move, and he instinctively seeks for the mitigation of pain. How rest favors the recovery from disease is clear enough in all surgical and most medical cases. How the relief of pain promotes the same object is not so clear, but as it is equally demanded by nature, it is doubtless equally efficacious as a therapeutic agent. Anesthet-

ics are generally supposed to relieve pain by obtunding or paralyzing the sensibility. May they not very often remove it by removing the disease on which the pain depends?

“As without rest nature’s recuperative processes are often in abeyance, if not altogether thwarted or prevented, it becomes in practice the rule, whilst *unrest* (?) is the exception. In acute medical and many surgical cases, rest, as already intimated, is often compulsory, but in certain other (chronic) diseases, motion, (passive) exercise, and change of air, are highly advantageous, and therefore to be recommended. In wounds, ulcers, injuries and diseases of the articulations, from the simple scratch over the knuckle, to morbus coxarius itself, rest, combined or not with position, is the main agent of cure. Rest also is itself an important means for the abolition or alleviation of pain, and then I find your subject to be strictly logical. Other anesthetics are more transient or subsidiary in their effects, whilst rest is *comparatively* both paramount and permanent.

“The relief of pain is the great end and object of our art. That ordinarily we have the power to accomplish this, as also to rob the steel of its terrors is surely a great good, and were medicine incapable of effecting aught else, this alone would secure and entitle it to the gratitude of man.

“As an anesthetic I still employ the chloroform almost exclusively, and am of opinion, that by its diminishing or preventing the systemic shock, operations are more readily recovered from, and that the percentage of mortality is thereby decreased.

“But I have extended an ‘opinion’ to a greater length than I intended, and will conclude by remarking, that your subject seems to me to include the sum total of medical duty and practice.”

Dr. Hamilton, Professor of the Principles and Practice of Surgery in the Buffalo University, our worthy president thus remarks:

“I am uncertain as to the precise object of your enquiry, but I suppose that it is intended to determine the *therapeutic* value of ‘rest and the abolition of pain in the treatment of disease,’



and not, as possibly might be inferred, *the pernicious effects* of these conditions, or indeed of the medicinal agents or other means which may be employed to accomplish rest and the cessation of pain. It is very certain that rest and insensibility are not always therapeutic, in most chronic maladies action contributes to recovery, and the value of pain as a revelent is always understood.

"If you will take the trouble to read my views upon the subject of 'irritation, fever and inflammation,' contained in the December number of the Buffalo Medical Journal, for 1847, you will see at once how important a position I would assign to pain as a cause of disease.\* If my opinion of the causes and pathology of inflammation is correct, it must occupy the first rank, and appropriate measures for its abolition must, in very many cases, demand the earliest attention. It may not always happen that the extinguishment of pain will arrest inflammation, but that it does occasionally, my own experience has sufficiently convinced me, and the fact being determined, it is of very little consequence what theory of explanation we adopt.

"Rest, as a means of preventing pain, has a therapeutic value exactly equal to the value of the 'abolition of pain.' It has, also, an additional value in its relation to the circulation, and in surgical accidents, in its relation to the co-aptation and retention of broken or divided parts. In short, I regard these two circumstances, 'rest and the abolition of pain,' as negative agents of extraordinary powers, in the management of which, however, great judgment and care must be exercised."

Willard Parker, M. D., Professor of Surgery in the College of Physicians and Surgeons, New-York, thus writes, under date January 3d, 1856:

"I received your letter in reference to the subject of your paper, and being compelled from an accident to remain in doors for some days, I propose to comply with your request, and submit to you some of my thoughts upon the importance of 'rest and the abolition of pain,' in the treatment of disease.

\*The paper above referred to will amply repay the time occupied in its perusal. The views alluded to, occur in the review of "Chelius," translated by South, of London, and edited by G. W. Norris, of Philadelphia.

"I premise by saying, there is no element in the treatment of inflammatory diseases, which can compare with rest. In most of the nervous derangements, however, exercise is absolutely essential, modified by the character of the case.

"Natura duce;' take a hint from this old aphorism, and let us see what is due.

1. "When a shock is communicated to the brain, a child falls and *bumps* its head; after crying it inclines to sleep, and should be allowed to sleep and not kept awake by officious and ignorant interference. Repose restores, sometimes it continues two days before the child really wakes up.

2. "Look at inflammation in the abdominal cavity. If the serous membranes are the seat of attack, *nature* as soon as possible pours out lymph and adheres parts together, and thus *imposes rest*. The respiration at once becomes thoracic and all is still in the abdomen, unless the ignorant practitioner interferes with his powerful drug and endeavors to *urges* a passage, crying out, 'there is a *stoppage* in the bowels.' The patient dies, and how surprised, in the autopsy, to find no plug, no schybulæ ('sky balls'). I have never found the plug except in one case, and that was a concretion of charcoal and magnesia, and this produced an inflammation of the muscular coat.

3. "Look at the pleuræ, and we see how beautifully and intelligently nature treats her case: she checks thoracic respiration, adheres the pleuræ, and when the inflammation is past she begins to remove her remedial implements, and in a few years you may add long bands instead of adhesions, and the lung has been allowed its normal play.

4. "We have a good exhibition of nature's treatment in inflammation of the joints; the muscles are spontaneously thrown into a state of equipoise, and the patient calls for rest.

5. "We are sometimes called upon to operate in order that nature may avail herself of her *great panacea*. An instance of this is found in fissure ani. The moment the sphincter is divided and the patient recovers from the pain of the operation, he feels himself in an elysian state.

"I will suggest if, in rectat dysentery (rectitis), the division of the sphincter ani would not be the most speedy mode of cure—or, if not the most speedy, if it would not leave the patient with less of suffering? In these cases, as soon as a drachm of mucus accumulates, the patient is excited to an effort to urge it off, and hence tenesmus.

6. "Cystitis is excessively painful, and as soon as a small quantity of urine touches the cervix, tenesmus of the most painful character ensues, and the poor patient prefers death to life. When a stone is the exciting cause, as soon as the sphincter is divided and the stone removed, the inflammation subsides; the bladder is in a state of rest.

"I have had two cases in which I could not and did not remove the stone. In one of these cases the patient recovered from almost a dying condition; he became fat and well, and worked five years at his trade, that of a baker. The operation was followed by a urinary fistula, and his urine passed by it instead of the urethra, at will.

"Some years ago I generalized upon these cases, and cut into the bladder, dividing the sphincter, as in the lateral operation for stone. The relief was as in fissure ani, the patient however died at the end of four weeks, in consequence of disease of the kidneys. I have not repeated the operation, yet I have confidence in the principle.

"You observe the same great agency in restoring health *instinctively* relied upon by all the lower animals. Rest, if left to themselves, they demand and will have.

"As to the 'abolition of pain in the treatment of disease,' it seems to me unphilosophical to consider the subject in that view.

"*Pain is an effect*—the voice of nature's sentinel disclosing the condition within, and if we could abolish it, we should place ourselves in the condition of one in a labyrinth extinguishing his light that he may grope his way in the dark.

"So soon as we can procure rest, then pain abates. Pain then is our great index, and is an object of study. What is the purpose of treatment in inflammation but to acquire rest?



1. "We resort to bleeding in all its forms to *diminish action*—that is, to induce a state *toward* rest.

2. "What shall we say of antimony, digitalis, aconite, opium, cold—are they not employed to diminish action? and thus to aid in approaching a state of rest?

"The subject of rest, in the treatment of inflammatory diseases, is one which may be submitted to the profession with great propriety."

The venerable Isaac Wood, M.D., for many years Physician to the Fever Hospital at Bellevue, and late Treasurer of the American Medical Association, writes as follows:

"The subject you inquire about is one of the most important in medicine, as every observant physician of much experience can testify. Perfect rest in *many, very* many cases of acute disease, is of vastly more importance than all other means of cure put together where rest is not observed.

"Many very striking cases I could name, of cures effected by perfect rest, after other means had failed, and the patients were thought to be steadily going down to the grave. What individual has not experienced, in the ordinary colds to which he is subject, his inability to stop coughing while he attempts to continue conversation, when, before he began to converse, he was perfectly quiet and easy, and could to all appearance have continued so almost indefinitely? I will relate the following case, which shows the advantage of rest very strongly. Some years ago, I was called to prescribe for a young lady who was supposed, by her friends, to be laboring under consumption, and they almost despaired of her recovery. She was engaged to be married, and was very anxious to accomplish her wishes. I gave strict injunctions to her to keep in the house, and to be kept *perfectly quiet—not even to speak unnecessarily*. Her great desire to get well and get married, although enjoining silence on a woman may seem almost a hopeless remedy, yet this lady carried out my instructions so to the letter, as rather to annoy her family. She would scarcely speak at all. After a few weeks she so far recovered, that it was not deemed imprudent for her to consummate her wishes. She married, became the mother of

several children, and enjoyed for several years a comfortable measure of health; but finally died, as I have understood, in a neighboring city, of consumption.

“In *bowel complaints*, I consider rest of so much importance, that, were I compelled to choose between the prescriptions of the most talented and skilful physician, without rest, and those of the physician who would prescribe perfect quiet and to be kept warm in bed, I should unhesitatingly prefer the latter. In *cholera*, it is all important. I have known patients to lie in bed, scarcely moving any part of the body from morning until night, without having a single movement of the bowels, and yet feeling all the time as if the sphincter would give way, and they be obliged certainly to use the vessel. In all *acute inflammations*, the benefit of rest is so manifest, even to ordinary observers, that instructions from the physician seem hardly necessary. I now caution my patients against the too frequent use of gargles in sore throats, believing that the exertion of the muscles concerned in the operation may produce more mischief than the local remedies do good.”

“I am glad such a paper has been called for. *You* need not be reminded, that the members of our noble profession are never more gloriously employed than when instructing the people how to ward off or to alleviate the pangs of disease.”





